

Sample WI Withholding Notice

INCOME WITHHOLDING FOR SUPPORT

[] ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)
[] ONE-TIME ORDER/NOTICE - LUMP-SUM PAYMENT
[] TERMINATION of IWO

[] AMENDED IWO

[X] Child Support Enforcement

State/Tribe/Territory
City/County/Dist./Tribe
Private Individual/Entity

Show/highlight section for:

- medical support amounts (if any)
- withholding amounts for common payroll periods
- CCPA limit for individual employee
- Where to send withholdings (When remitting to WI)
- Contact information for this notice

Employer/Income Withholder's Name & Address

Employee/Obligor's Social Security Number (if known)

Employer/Income Withholder's Federal EIN

Custodial Party/Obligee's Name (Last, First, MI)

Child's Name and Birth Date:

If you receive the National Medical Support Notice, you are covered by the health insurance plan listed above in any health insurance coverage available through the employee/obligor's employment.

Medical support amounts (if any)

ORDER INFORMATION: This document is based on the support withholding order from **Wisconsin**. You are required by law to deduct these amounts from the employee/obligor's income. See further notice.

\$_____ per _____ current child support

\$_____ per _____ past-due child support

\$_____ per _____ current cash medical support

\$_____ per _____ past-due cash medical support

\$_____ per _____ current spousal support

\$_____ per _____ past-due spousal support

\$_____ per _____ other (must be specify) _____

for a total of \$_____ per _____ to be forwarded to the payee below.

Arrears 12 weeks or greater? [] yes [] no

Withholding amounts for common payroll periods

AMOUNTS TO WITHHOLD: You do not have to vary your pay cycle to be in compliance with the Order Information. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$_____ per weekly pay period

\$_____ per semimonthly pay period (twice a month)

\$_____ per biweekly pay period (every two weeks)

\$_____ per monthly pay period

Withholding limit (CCPA) for this employee

\$_____ **ONE-TIME LUMP-SUM PAYMENT** Do not stop any existing IWO unless you receive a written order.

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is **WISCONSIN**, you must begin withholding no later than the first pay period that occurs **5** days after the date of this order/notice. Send payment within **5** working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to **5%** of disposable income for all orders. If the employee/obligor's principal place of employment is not WISCONSIN, see "Additional Information for Employers and Other Income Withholders" for limitations on withholding, applicable time requirements and allowable employer's fees.

For EFT/EDI instructions, contact the EFT/EDI office at the website listed on page 2. If paying by check, make payable to: **WI SCTF**.

Include this Remittance Identifier (PIN) with payment: _____

Send check to: **WI SCTF**

FIPS code (If necessary): _____

BOX 74400

MILWAUKEE WI 53274 0400

Signature (if required by state or tribal law): _____

Print Name

Title of Issuing Official:

Child Support Worker

CONTACT INFORMATION

To employer, employee/obligor: If the employer/income withholder or employee/obligor have any questions, contact the _____

Child Support Agency by phone at _____ or by fax at _____

or by email/website at: _____

Where to send withholdings (when remitting to WI)

Employer, send termination notice and other correspondence to: _____

Contact information for questions about this notice

OMB Expiration Date -- 10/31/2010. The expiration date of the version of the form currently in use.

Validity of the income withholding order; it identifies OMB 0970-0154

Sample WI Withholding Notice

Employee/Obligor's Name: _____ Case Identifier (PIN): _____
Order Identifier: _____ Employer's Name: _____

☐ You are required to provide a copy of this form to your employee/obligor. If your employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy must be provided to the employee/obligor even if the box is not checked.

ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS

For state-specific information, visit www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contacts.htm

Additional Wisconsin-specific information is online at dcf.wisconsin.gov/bcs/employer.htm

- Priority:** Withholding for support has priority over any other legal process under state law (or tribal law, if applicable) against the same income. If a federal tax levy is in effect, please notify the contact agency listed on page 1.
- Combining Payments:** You may combine withheld amounts from more than one employee/obligor's income in a single payment to each agency/party requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.
- Reporting the Pay Date:** You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the state (or tribal law if applicable) of employee/obligor's principal place of employment with respect to the time periods within which you must implement the withholding and forward the support payments.
- Employee/Obligor with Multiple Support Withholdings:** If there is more than one order/notice against this employee/obligor and you are unable to fully honor all support order/notices due to federal, state or tribal withholding limits, you must follow the state or tribal law/procedure of the employee/obligor's principal place of employment. You must honor all order/notices to the greatest extent possible, giving priority to current support before payment of any past-due support.
- Lump-Sum Payments:** You may be required to report and withhold from lump-sum payments such as bonuses, commissions, or severance pay. Contact the agency listed on page 1 to determine if you are required to withhold or if you have any questions.
- Liability:** If you have any doubts about the validity of the order/notice, contact the agency listed on page 1. If you fail to withhold income as the order/notice directs, you are liable for both the accumulated amount you should have withheld from the employee/obligor's income and any other penalties set by state or tribal law/procedure. You may be proceeded against under WI chapter 785 for contempt of court. (underlined text displays for WI employers only).
- Anti-discrimination:** You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of a child support withholding. You are subject to a fine not to exceed \$500.00 and may also be required to make full restitution to the aggrieved person including reinstatement and back pay. (underlined text displays automatically for WI employers only)
- Withholding Limits:** You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA)(15 U.S.C. 1673(b)); dcf.wisconsin.gov/bcs/employer.htm or 2) the amounts allowed by the state or tribe of the employee/obligor's principal place of employment. Disposable income is the net income left after making mandatory deductions such as: state, federal, local taxes, Social Security taxes, statutory pension contributions and Medicare taxes. The federal limit is 50% of disposable income if the obligor is supporting another family and 60% of disposable income if the obligor is not supporting another family. However, that 50% limit is increased to 55% and that 60% limit is increased to 65% if the arrears are greater than 12 weeks. If permitted by the state, you may deduct a fee for administrative costs. The support amount and the fee may not exceed the limit indicated in this section. **Arrears greater than 12 weeks?** If the "Order Information" does not indicate whether the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

For tribal orders, you may not withhold more than the amounts allowed under the law of the issuing tribe. For tribal employers who receive a state order, you may not withhold more than the lesser of the limit set by the law of the jurisdiction in which the employer is located or the maximum amount permitted under section 303(d) of the CCPA (15 U.S.C. 1673(b)).

- Health Care Premiums:** Depending upon applicable state law, you may need to take into consideration the amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.
- Additional Information:** If you do not receive the **WI Employer Withholding List**, include the following information:
1) Employee's Name 2) Employee's SSN 3) Case Identifier (PIN) ##### 4) Employee's gross income for the pay period
5) Payroll frequency (e.g. weekly) 6) Date of Withholding 7) Please include your KIDS employer ID number ##### when
remitting payments 8) WI employer may deduct and retain the actual cost of processing and remitting the withholding up to \$3.00
from the employee's income each pay period for the cost of the compliance with this order

- Notification of Termination of Employment:** You must promptly notify the child support enforcement agency and/or the person listed on page 1 by returning this form to the correspondence address if:

☐ This person has never worked for this employer. ☐ This person no longer works for this employer.

Please provide the following information for the terminated employee:

Termination date: _____ Termination reason: _____

Last-known home address: _____ Last-known phone: _____

Date final payment made to the State Disbursement Unit or Tribal CSE agency: _____

Final payment amount: _____ New employer's name: _____

New employer's address: _____

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.